

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18803

State File No.

79

Registrar's No.

LED MAY 24 1948

Registration District No. 2994

Primary Registration District No. 3056

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Moberly  
(c) Name of hospital or institution 410 Wightman  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 48 years (Specify whether years, months or days)  
In this community 48 years

3. (a) PRINT FULL NAME Lucy Green

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife J. C. Green 6. (c) Age of husband or wife if alive 17<sup>th</sup> years  
7. Birth date of deceased Nov. 17<sup>th</sup> 1853  
(Month) (Day) (Year)

8. AGE: Years 89 Months 4 Days 26 If less than one day hr. min.

9. Birthplace Mo. O  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

12. Name Dennis Magruder  
13. Birthplace Ky  
(City, town, or county) (State or foreign country)  
14. Maiden name Marry Maddox  
15. Birthplace Ky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lee Reynolds

(b) Address Moberly, Mo

17. (a) Burial (b) Date thereof Apr 16 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahaw and Son

(b) Address Moberly, Mo

19. (a) 4-14-43 (b) Anna Dade  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
(c) City or town Moberly  
(If outside city or town limits, write "RURAL")  
(d) Street No. 410 Wightman  
(If rural, give location)  
(e) Citizen of foreign country? ✓ (Yes or No)  
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13<sup>th</sup>  
year 1943 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 13<sup>th</sup> 1943 to April 16<sup>th</sup> 1943  
that I last saw him alive on April 13<sup>th</sup> 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Disease  
Duration ✓

Due to ✓

Due to 130

Other conditions ✓  
(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO  
(b) Date of occurrence NO  
(c) Where did injury occur? NO  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? NO (Specify type of place) (e) Means of injury NO

23. Signature Anna Dade (M. D. or other)  
Address Moberly, Mo Date signed 4/14/43

RECEIVED

District Health Officer No. 10

District File Number 5-43-865

Date Filed MAY 21 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Frank D. McWitt

Licensed Embalmer No. 3021

P. O. Address Moberly Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.